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Original Article

Evaluation of Home Care Nursing for Elderly People in Cyprus

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Abstract

Background: Europe has the highest proportion of people aged 65 and older (16%). From 2000 until 2050, the world's population aged 65 and over will be more than triple from 600 million to 2 billion. Elderly prefer to be cared at home.

Aims: This article aims to present an evaluation of home care nursing of elderly people in Cyprus. It assesses whether the needs of the clients are met and discusses nurses and key informants' views in regards to home nursing care.

Methods: A mixed methodology has been used. For the quantitative part, a semi-structured questionnaire was used concerning client's needs. For the qualitative part, group and key informants in depth interviews, interview and the focus group guides were used. One hundred participants aged 60+ were randomly selected. Two focus groups with community home care nurses and six in-depth individual interviews with key informants were done.

Results: Quantitative analysis showed that 79% of the clients reported being satisfied with home care nursing personnel and suggested the increase of the number of home care nurses, 39% of the participants recommended the provision of additional help; while 12% suggested that further information about the program is needed. Qualitative analysis of focus groups and key informants interviews highlighted the need for a strategic plan that would promote collaboration between formal/statutory services such as pharmacists, physiotherapists, and informal/nonregulated services.

Conclusions: Home care nursing in Cyprus needs to undertake some further activities in order to ensure that clients have good physical health and function, good mental health and skills to adapt changes in their life.

Keywords: Elderly, evaluation, home nursing care/services, health services for the aged, Cyprus

Introduction

Europe has the highest proportion of people aged 65 and older (16%) (World Health Organization, 2007). From 2000 until 2050, the world's population aged 60 and over will be more than triple from 600 million to 2 billion (WHO, 2007). This is occurring mostly in developing countries, where the number of elderly people will rise from 400 million in 2000 to 1.7 billion by 2050. Strongest population growth is expected to be found from 2008-2060 in Cyprus (+66%), Ireland (+53%), Luxembourg (+52%), the United Kingdom (+25%) and Sweden (+18%)

whereas the most declines are in Bulgaria (-28%), Latvia (-26%), Lithuania (-24%), Romania (-21%) and Poland (-18%) (Giannakouris, 2008). Further, the old age dependency ratio is estimated to be more than 60% in Bulgaria, the Czech Republic, Lithuania, Poland, Romania, Slovenia and Slovakia and less than 45% in Denmark, Ireland, Cyprus, Luxembourg and the United Kingdom (Giannakouris, 2008). Demographic changes suggest an increasing demand on formal services and a significant reduction in family care giving. Almost nine out of ten Europeans, favor home or community based care

than residential care or hospitalization (European Commission, 2008). Old have the expectations of a long and healthy retirement, free of severe disability. They hope to spend their retirement in their own homes for as long as they choose to do so, than stay in residential care where recent reports of poor conditions, neglect, abuse and medical errors have captured EU attention (Thomas and McHacon, 2001; European Commission, 2008).

The values which the Western culture supports (e.g. independence and productivity) influences the elderly members of the society. However, cross-cultural differences are obvious, since in some countries, the elderly are considered incompetent to work, whilst in others they are appreciated for their wisdom. It is important that the elderly have a good quality of health care, in their own home within the community. The perception of ageing as a positive experience helps in the maintenance of feeling of usefulness and plenitude (Nies and McEwen, 2001) and is linked to healthier life. Home nursing care helps the individual to increase their level of independence by re-establishing, maintaining and improving their health and by minimizing unwanted conditions, such as disability or illness (Stanhope and Lancaster, 2009).

A quality report taking an overview across the three Boroughs of Hammersmith and Fulham, Kensington, Chelsea and Westminster that constitute Central London Community Health Care (CLCH) district nursing service (CLCH, 2010) based on quality provision has shown that over 90% of the participants reported that they had been treated with kindness and respect. Furthermore, 60% of the participants stated that they would recommend the service to others and they suggested that nurses should have more frequent visits as to increase the continuity of home care.

Patient-nurse interaction is one dimension of measuring quality of community care provided and satisfaction of nursing staff working within the community provided to the elderly is another (Haason and Arnetz, 2008).

The case of Cyprus

Home nursing in Cyprus was first provided by mental health nurses in 1985 following the decline the new philosophy of community mental health (Cyprus Ministry of Health, 2005). In the decade of 80s-90s day centers were established with the help of local voluntary organizations and municipalities. Home care nursing services began in 2004 for people who qualified under the law (1(I) 2005)-The

Safeguarding and Protection of the Patients Rights Law, 2004, article 6 (b). Home care nursing in Cyprus is provided to:

- 1) Older individuals that reside in their own homes and have needs for nursing care
- 2) People with medical or special health needs living at home
- 3) Individuals with acute health problems
- 4) Individuals that are discharged from hospital and still need nursing care at home
- 5) Individuals that need palliative care or are at the final stage of their lives

(Cyprus Nursing Home Care Services, 2006)

There are two types of programs of Cyprus: Home Care Nursing provided a) short term care: includes individuals, which according to evaluation by home care nurses, will benefit from a two month nursing care service and b) long-term care: includes individuals that after being evaluated by a home care nurse are provided with nursing home care services that lasts more than two months. The home care nurse has a phone communication with the client and informs him/her of his/her referral to the community service and an appointment is scheduled for the first visit that the client is been evaluated.

Home care (not nursing care) is provided also by the Social Welfare Services in Cyprus aiming to support vulnerable groups of people such as the elderly, to enable them to live at home. Carers visit people at their own homes in order to provide personal hygiene, house-cleaning, washing of clothes, shopping etc; but compared to the community nursing staff are not educated or experts on the health/nursing care.

Methods

Aim

The aim of the study was to evaluate the home care nursing of elderly people in Cyprus. The objectives were to:

- a) examine whether the nursing care needs of the clients are met by the home care nursing service;
- b) explore the views of key informants regarding the home care nursing service;
- c) explore the views of the home care nurses about the service they are providing; and
- d) Identify and record good practices of home and community care for the elderly.

Study Design

For this study a mixed methodology was considered appropriate in view of its aim and objectives. This was an innovative three year study, as it evaluated for the first time the home care nursing in Cyprus as it related to the elderly service users. The study was implemented in three phases:

1. Semi-structured survey questionnaire interviews with 100 participants
2. Two focus groups with home care nurses
3. Six in-depth interviews with key informants

The selection criteria were based on their position and relation to community and home care nursing and/or health in relation to the elderly, policy makers and managers of services (such as Social Welfare Services, Ministry of Health, Parliamentary health Committee).

Participants

In phase one the sample for the interviews (n=100) was randomly selected from a list of 1542 participants aged 60+, following either the long-term care or short-term care programme and coming from one urban area, two suburbs of Nicosia and one rural area of Cyprus.

It must be noted that the reason that the research team decided to select participants from 60+, instead of 65+ was that home nursing care in Cyprus is still at its early stage and first clients of this service were aged 60-79. All participants were retired as the law of retirement at 65 in Cyprus was decided after sample selection of this study.

A list of participants of the home care programme was obtained from the Cyprus Ministry of Health. Clients with Alzheimer, severe mental illness or unable to communicate were excluded. Participation in the study was voluntary. Interviews were audio-taped and the participants signed an informed consent. Interviews were conducted in clients' home. In the rural area, interviews were conducted within hospital premises while clients were attending for treatment and support. In phase 2 focus groups with home care nurses (n=11, group A=6 and B=5) were conducted and in phase 3, six in depth individual interviews with key informants took place. Home care nurses at the particular time were 20, thus half of them voluntarily participated in the focus groups. The selection criteria for key informants were based on their leading position and relation to community nursing and/or health in Cyprus relation to the elderly.

Instrument

The questionnaire was developed based on the literature review, specifically the part concerning the client's needs was based on a combination of Virginia Henderson's model of nursing and Orem's model of nursing (self-care deficit) (Orem, 2001 cited in George, 2002; Tomey and Alligood, 2006; Haason and Arnetz, 2008; Central London Healthcare Quality Report, 2010). The questionnaire was prepared by the research team and reviewed by a panel of experts, consisted of two academics in community nursing care and two experts in psychologist and one expert in social care was used to review it as to improve the content validity. The questionnaire had the following sections: a) demographics, b) information about services and patient's rights law, c) evaluation of the participant's needs (physical, psychological, social and spiritual needs), d) the relationship between the client and home nurse, e) regular interventions by home care nurse as described by the clients.

A pilot study was conducted in an effort to examine the internal validity of the questionnaire. The participants used in the pilot study were not used in the final data collection. The pilot study resulted in minor changes to the questionnaire (e.g. included some categories of usual nursing interventions and a section about diagnosis) as well as to the simplification of some of the questions in order to be more easily understood by the participants.

In phase 2- focus groups, a guide was developed following the literature review (Begat et al. 2005; Ellenbecker et al. 2008). It included four main areas: a) the work frame of home care nurses, b) perceptions of home care nurses for the evaluation of the services, c) cooperation with other services and d) future plan/service's needs. Each focus group was conducted in Greek, lasted 1.5 hours and was tape-recorded with the participant's informed consent.

In phase 3- key informants, were also based on a guide the topics of which emerged from the literature (Bauman 2007), lasted about 60 minutes and included: a) work frame of each organization or Ministry that is involved with health issues and/or related community nursing, b) evaluation of their organizations related to health issues and/or community nursing, c) cooperation with other services and d) future plans for promoting community nursing care.

Data analysis

Quantitative data obtained from the questionnaire survey were analyzed using SPSS version 15. The

descriptive statistical analysis included frequency analysis to identify the distribution of socio-demographic characteristics among the client's population. Further, descriptive analysis explored the value which clients' placed on their: a) physical needs, b) psychological needs and c) spiritual needs. Cross-tabulations were used in order to examine the relationship between variables e.g. physical needs and client's gender. Qualitative data obtained from focus groups and interviews with key stakeholders were analysed using the approach developed by Colaizzi (Saunders, 2003). This is a phenomenological method and is used to uncover the genuine experience of the phenomenon under investigation. A structured framework assists with the complex analysis of qualitative data. This method is also useful when purposefully sample is used (Saunders, 2003). Tape were transcribed and verbatim analyzed by two researchers. Analysis revealed three categories: a) working conditions, b) evaluation of service, c) needs and suggestions.

Results

Demographic characteristics

Most of the participants were women (59%) whereas 41% were men. Half of the participants (51%) were between the ages of 70-79 years. Their areas of living were mainly for 44%, a large rural area, and 36% from the largest urban area in Cyprus. Most of the participants entered the programme between 2007 and 2008 (61%), were married with a living spouse (61%), had finished elementary school (70%) and were following the short-term care programme (76%).

Participants' health problem needs and interventions

The most frequent diagnoses reported in this study included diabetes mellitus, orthopaedic problems (such as osteoarthritis, total hip/knee replacement), cardiopulmonary problems, cerebrovascular accident and cancer. The findings revealed that most of the clients in the rural area (58%, $n=58$) were diagnosed with diabetes and the same (37% $n=37$) occurred in the suburban areas included in this study.

Frequent interventions in the rural area (see Table 1) included measurement of vital signs (38%, $n=38$), check of glucose levels (34%, $n=34$), health counseling (39%, $n=39$), management of medicine prescription (13%, $n=13$), personal hygiene (31%, $n=31$), taking preventive measures (38%, $n=38$), modification of the environment (22%, $n=22$) and blood collection (30%, $n=30$).

In the central urban area, where the main health needs were related to orthopedic problems the regular interventions included vital signs (30%, $n=30$), wound care (9%, $n=9$), intradermal/intramuscular injections (16%, $n=16$), counseling (21%, $n=21$) and blood collection (24%, $n=24$).

Participants' Knowledge of home care nursing

In an effort to evaluate participants' knowledge about home nursing care, they were asked to describe what home care nursing services provides. Fifty five percent were not in a position of giving a clear explanation about the service itself, but identified that a nurse was coming at their home to help them deal with their health problems. Eighty five percent of the participants stated that their home care nurse had not informed them about the services provided by the health center of their community.

Evaluation of Client's needs (Physical, Psychological and Spiritual Needs)

In regards to the physical needs men seem to receive care and advice in order to eat and drink adequately (21%) and women seem to receive care and advice in order to maintain their body temperature within normal range by adjusting clothing and modifying the environment (35%). Fifty one percent (51%) of them reported that they did not receive care and advice regarding their psychological needs, as participant 13 stated: *"I needed to talk more...to express my fears, feelings...I felt I wanted more support...."*

Women (41%) reported the need for advice in order to deal with their emotions and be able to communicate with others in expressing these as well as their fears or opinions, whereas men (68%) reported the need for information about their health problems in order to use the services better. Participant 3 stated: *"I want to know about my problem...the truth...so I can utilize the services better..."*.

Relationship between client and Home Care Nurse

It seems that there is a strong relationship between the client and the nurse since 99% of the participants stated that they trust their home care nurse, who treats them with respect. As a result they feel comfortable to discuss their problems and needs with their home care nurse. (Table 2). Further, all participants stated that the home care nurse was punctual. Findings suggest that clients are satisfied with home care nursing personnel as nurses appear to

act as “substitutes, helpers and partners with the clients”. The ability of nurses to establish therapeutic relationships with their clients was seen by the participants as an example of good practice.

Although the majority of the participants (79%) reported being very satisfied with home care nursing they expressed the need for more home visits and suggested that if the number of home care nurses was increased this would be very desirable not only for them but for everyone who needs this excellent service in Cyprus.

Participants' suggestions

In regards to participants' suggestions about their experience with home care nurses and service 54% suggested the increase of the number of home care nurses. About 39% of the participants recommended the provision of other help, mainly from social care, whereas 28 of them (5%) suggested more frequent visits from the home care nurses and 23 (4%) expressed the need for further help. The majority of the participants had accessed the service without any difficulty; however, 8% of them expressed their need for easier access.

Focus Groups

Home care nurses highlighted the lack of evaluation of quality and monitoring of their service from the Ministry of Health. Home care nurses suggested:

1. The formation of a multidisciplinary team to provide holistic care to the clients.

Home Nurse 5: *“More health services should exist and more professionals from different disciplines should be involved, such as psychologists, physiotherapists, occupational therapists and not only doctors. A person might suffer from a stroke and need for example, a physiotherapist”.*

2. A more “clear” hierarchy and a better coordination between the supervisors and the home care nurses.

Home Nurse 1: *“We have a supervisor (as home care nurses), that is also the matron of the hospital. This means that she has lots of duties from both positions. This for me is a big error not to have a clear hierarchy for the whole community program. Each region has its own supervisor. Each supervisor gives its own opinions and administers the program in their own way. In addition, not all supervisors are informed about the needs of the program. There is lack of coordination and communication*

between staff and supervisors as well as between supervisors”.

3. The need to establish a legal framework for home nursing

Home Nurse 8: *“There is no legal framework for certain nursing practices undertaken by home nurses e.g., intravenous injections. However, there are [generic] policies from the Ministry of Health that we follow”.*

Home nurses suggested that debriefing sessions (group or one-to-one) should be available and be facilitated by a psychologist or a counselor. Alternatively, it was recommended that an interdisciplinary forum be formed that would provide the opportunity for Home Nurses to: a) discuss their feelings, b) the type of stressful situation experienced, and c) the coping strategies used. Debriefing sessions would offer: a) a supportive environment for home care nurses, b) give access to peer support and c) enhance the sense of belonging. This finding was not an expected outcome. Home care nurses have the opportunity to discuss their concerns with their supervisor but not on regular basis; they can also talk to one of the community mental health nurse and if it was needed to exchange information with them.

Examples of good practices expressed by home care nurses were their personal efforts to establish contacts and help for their clients from other services e.g. doctors working in the public sector, making it easier for an appointment.

Key Informants Interviews

The analysis revealed the following categories:

- a) working framework and conditions of community nursing,
- b) evaluation of service,
- c) collaboration with other services d) needs and suggestions.

The need for a strategic plan that would promote collaboration between formal services and informal/non regulated services was proposed by key informants, as well as the development of the guidelines for working conditions and training of home care nurses. Further, key informants proposed the provision of home nursing care throughout Cyprus as well as the establishment of quality indicators for the service to be used for periodic audit and evaluations.

1: Regular interventions by region

Regular Interventions		Percentage (%)				Total
		Kyperounta	Lakatamia	Strovolos	Nicosia	
1	Blood pressure, temperature, breathing (vital signs)	37,7	8,1	8,1	30,6	84,5
2	Check of glucose levels	33,7	1,0	6,1	12,2	53,0
3	Changing of urinary catheter	0,0	3,0	0,0	0,0	3,0
4	Wound care at all stages	3,0	2,0	3,0	9,2	17,2
5	Intradermal/ Intramuscular injections	6,1	3,0	2,0	16,3	27,4
6	Counseling	38,7	7,1	8,2	21,4	75,4
7	Management of medicine prescription	13,3	7,1	3,0	8,2	31,6
8	Personal hygiene	30,6	5,1	4,1	7,1	46,9
9	Healthy/suitable diet	22,4	3,0	3,0	10,2	38,6
10	Taking preventive measures	37,7	2,0	5,1	11,2	56,0
11	Modification of the environment	22,4	1,0	4,1	10,2	37,7
12	Colostomy, tracheostomy, gastrostomy care	0,0	0,0	0,0	0,0	0,0
13	Suction of bronchial excretions	0,0	0,0	0,0	0,0	0,0
14	Blood collection	29,6	9,2	8,2	23,5	70,5
15	Other	0,0	0,0	0,0	0,0	0,0

Table 2. Physical needs by gender

		1	2	7	8	9
Men	N	8	26	30	19	7
	%	6,4	20,8	24,0	15,2	5,6
Women	N	2	28	49	19	5
	%	1,4	20,1	35,3	13,7	3,6

Explanation of responses

1. I receive care and advice in order to breathe normally
2. I receive care and advice related to eating and drinking
3. I receive care and advice in order to eliminate body wastes
4. I receive care and advice in order to move and maintain desirable postures
5. I receive care and advice in order to sleep and rest
6. I receive care and advice in order to select suitable clothes-dress and undress
7. I receive care and advice in order to maintain body temperature within normal range
8. I receive care and advice in order to keep the body clean and well groomed and protected
9. I receive care and advice in order to avoid dangers in the environment and avoid injuring others

Table 3. Relationship between clients and home care nurses

		Yes		No	
		N	%	N	%
1	Can you freely talk with your home care nurse for whatever bothers you?	99	99	1	1,0
2	Is your home care nurse treating you with respect and dignity?	99	99	1	1,0
3	Is your home care nurse punctual in your scheduled meetings?	100	100	0	0,0
4	Do you have a comment to add as far as the care you are being provided?	79	79	21	21
5	Do you have any suggestions to make as far as the improvement of the program/service?	63	63	37	37

Key informant 2: “...*systematic evaluation of the service provider is essential*”

Discussion

The aim of this study was to evaluate the relatively new home care nursing in parts of Cyprus in relation to the elderly people. Data highlighted the importance of home care nursing service.

Inevitably, due to its short period in operation the service appeared to be experiencing infrastructural problems. Basic resources such as efficient systems of client-nurse communications and administration were reported to be lacking.

Clients who took part in this study expressed their desire to have its workforce increased so that they could receive more visits, and recommended that the service is made available to everyone in Cyprus who needs it. Easier access to the service could be achieved through Information Technology programs. In Cyprus, DITIS (Networked Collaboration Supporting Healthcare Teams) could be expanded and adapted. The application of such technology could enable telephone support, thus reducing the period of direct care something which could save health services resources.

The study has identified that clients did not have adequate knowledge about the service and what it can provide. This is an additional barrier to access the service particularly for the elderly who may be isolated due to their health problems and who either do not have family living close by. Authors suggest that it is imperative that when a new service is being planned that service users are notified and consulted

and that every effort is made to inform the population of its existence and how to access it.

One may argue that there is a need for a better collaboration between the Ministry of Health, Home Care Nursing Service and the Services for the Elderly of the Social Welfare Services as well as the local authorities as to fulfill older people's needs. Other health and social care services should also be made aware of the remit of the new service, and how they can refer clients to it. This will avoid any confusion; in this study some clients did not understand the difference between social welfare and home care nursing service.

The participants of this study reported high levels of satisfaction with the home care nursing service and stated that they trusted the nurses who listened to them and treated them with kindness and respect. Findings both from focus groups discussions and key informants interviews emphasized that there are no quality indicators for the service to be used for periodic audit and evaluation. The lack of legal framework also means that there is no formal structure for collaboration between the various services for the elderly. The present situation leads authors to recommend the development of model of Community Partnership in Care Nursing. This model supports the collaboration and integration of public and private sector services regarding community nursing and care. The model places the client and community in the center of services. Several services are being placed around the client in order to form a multidisciplinary team that could encourage and support the client's self-organization and promote seamless integration and interaction of different

people and services. This model requires strong leadership, management and co-ordination of the home care service.

Challenges and Limitations

Several problems were identified in the recruitment of the participants: a) some participants on the lists were not alive and b) essential information such as contact details was missing from the lists which resulted in their exclusion from the sample. The results of this study can not be generalized, although authors believe that they provide a useful exemplar which others may learn from it. It is noted that since there was no previous evaluation of the home care services this study has provided a baseline for future evaluations.

Conclusion

A careful consideration should be given in the development of a common, integrated and multidisciplinary training programme both for home care users and nursing personnel in all European countries. National and international standards should be adapted to meet district and local needs of home care. In most European countries, health care in home care is part of the health care system whereas local governments organize and take responsibility for the social aspect of home care. Decisions need to be made in the planning stage of home care and guidelines to be developed so that each level of administration acknowledges its responsibilities. Further, research studies in relation to chronic disease of older adults, existing administrative data about health events, such as monitoring the number of injuries due to falls among seniors with hospital discharge data is also an essential component in order to investigate the multidimensional aspect of evaluation of home care nursing.

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Ethical Approval: Following a written consultation from the Cyprus National Bioethics Committee, formal ethical approval was not required. Permission from the Commissioner of Data Protection Safety was also requested, but this was not necessary, according to the formal response of the Commissioner. Belmont Report (1979) ethical principles were applied throughout the study.

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Conflict of Interest: The authors have no conflicts of interest to declare.

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